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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	14357R0
First Named Inventor	Jing Wu
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Control Plane Failure Recovery in a Network

(Title of the Invention)

The specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/279927	03/29/2001	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name *Holmes W. Anderson*

Address Nortel Networks Limited

Address 600 Technology Park Drive

City Billerica	State MA	ZIP 01821-5501
----------------	----------	----------------

Country USA	Telephone 978-288-Extension	Fax 978-288-6543
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle [if any]) <i>Jing</i>	Family Name or Surname <i>Wu</i>
---	-------------------------------------

Inventor's Signature <i>Jing Wu</i>	Date <i>May 31, 2001</i>
-------------------------------------	--------------------------

Residence: City <i>Ottawa</i>	State <i>ONT</i>	Country <i>Canada</i>	Citizenship <i>P.R. China</i>
-------------------------------	------------------	-----------------------	-------------------------------

Mailing Address *201 Bell St. N., Apt 719*

Mailing Address

City <i>Ottawa</i>	State <i>Ontario</i>	ZIP <i>K1R 7E2</i>	Country <i>Canada</i>
--------------------	----------------------	--------------------	-----------------------

NAME OF SECOND INVENTOR:

Given Name (first and middle [if any]) <i>Delfin Y.</i>	Family Name or Surname <i>Montuno</i>
--	--

Inventor's Signature <i>Delfin Y Montuno</i>	Date <i>May 31, 2001</i>
--	--------------------------

Residence: City <i>Kanata</i>	State <i>ON</i>	Country <i>Canada</i>	Citizenship <i>Canada</i>
-------------------------------	-----------------	-----------------------	---------------------------

Mailing Address *122 Knudsen Dr.*

Mailing Address

City <i>Kanata</i>	State <i>ON</i>	ZIP <i>K2K-2L8</i>	Country <i>CANADA</i>
--------------------	-----------------	--------------------	-----------------------

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Guoqiang		Wang	
Inventor's Signature	G. Q. Wang		Date June 10, 2001
Residence: City	Nepean	State	Ontario
Country	Canada	Citizenship	Canadian
Mailing Address 175. Longshire circle. Nepean.			
Mailing Address			
City	Nepean	State	Ontario
ZIP	K2J 4L2	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (10-00)

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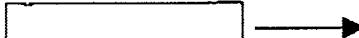
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Jing Wu
Group Art Unit	
Examiner Name	
Attorney Docket Number	14357RO

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I hereby appoint:

 Practitioners at Customer NumberPlace Customer
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OR

 Practitioner(s) named below:

Name	Registration Number
Holmes W. Anderson	37,272
Christopher J. Cianciolo	42,417
John C. Gorecki	38,471
Lindsay G. McGuinness	38,549

Mary M. Steubing 37,946

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Holmes W. Anderson			
Address	Nortel Networks Limited			
Address	600 Technology Park Drive			
City	Billerica	State	MA	Zip
Country	USA			
Telephone	978-288-extension	Fax	978-288-6543	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Jing Wu
Signature	Jing Wu
Date	May 31, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 3 forms are submitted.

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PTO/SB/81 (10-00)

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Group Art Unit	
Examiner Name	
Attorney Docket Number	14357R0

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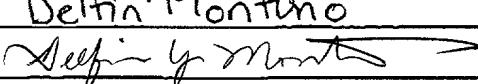
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Telephone	978-288-extension	Fax	978-288-6543	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Delfin Montuno
Signature	
Date	May 31, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Guoqiang Wang	
Signature	G. Q. Wang	
Date	June 10, 2001	
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<input checked="" type="checkbox"/> Total of 3 forms are submitted.		